#### PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS 2016 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES **EXEMPTION** – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. from this report details of such a trust that benefits you, your spouse, or dependent child? IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/!RA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period David A. Bran 3 < 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. State: District: Yes Yes Yes Yes Yes V No 3 Daytime Telephone: 7 Amendment Š Š Š 중 For Use by Members, Officers, and Employees ¥ F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? Employee Officer or Employing Office: Date of Termination: Termination A \$200 behalty shall be assessed against any individual who files more than 30 days late. 1 : 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 | 1:10 HAND DELIVERED® 1 of & Shared Staff Filer Type: (If Applicable) ¥es Yes Yes Yes Yes Yes Yes <u>۲</u> 8 Principal Assistant く Š 중 Z 증 ŏ č ≺ <

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Allima MCS Datil	K/0//	White tot Intille	MAN COUNT PANAMA	TAPPIL PORT HENTE	TIAL CITE SALT	ABC Hedge Fund X	Ехатыва:	SP Mega Corp. Stock Eff	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyona (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Eucapted investment Fund, please check the "Elf-box.	Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. ~	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	identify (a) each asset held for investment or	Asset and/or Income Source	V AUC 10
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	_						ndefinite	$\vdash$			<del></del> _	<del></del>				-	Jon sideo to motour.	valuation method other than fair market value, please specify the method used.  used.  It an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a		
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				-	-	-	-	×	DIVIDEND								9	generals tax-deferred income (such as 529 accounts), you may check the colum. Dividents, interest, and even if reinvested, must be disclosed for assets held in taxable accounts. If the asset generated no income duri- mental.	Check all columns that apply.		١
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	_	_		<u> </u>	<del> </del>		-	-	Over \$5,0 Spouse/0	C Asset with Inc	DMe over &	1 800 000*				<u>≤</u>	*Column XII is for assets held by your spouse or dependent child in which you have no interest.	may check the 'kone' column, For all other assets indicate me category of income by checking the appropriate box below. Dividends, interest, and capital gains, even it reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or generated.	For assets for which you checked "Tax-Deferred" in Block C, you		
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			İ					S(part)	, s, s						Leave this column blank if there are no transactions that exceeded \$1,000.	please indicate as follows: (S (part)).	If only a portion of	asset rad purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	Indicate if the	Transaction	١
						1			S, S(part), or E						there saction	indica (S (p	a porti	ses (F S), or ges (E ing \$1	ii the	saci	BLOCKE
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## **SCHEDULE B - TRANSACTIONS**

Name:

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real properly held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of Capital Gaine: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. SP, DC, JT Column K is for assets solely held by your spouse or dependent child ধ Example Mega Corp. Stock 191 Amount 161 Persiant Type of Transaction Exchange Check Box if Capital Gain Exceeded \$200 × (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Date BANIL 3/9/16 y of \$1,004-\$19,000 \* \$15,001-\$50,000 В \$50,001 \$100,000 ø \$100,001o \$250,000 Amount of Transaction \$250,001 \$550,000 **#** 107 Ų, \$500,001-\$1,000,000 m \$1,000,001-\$5,006,000 Ď 3 \$5,000,001-\$25,000,000 I \$25,000,001 \$68,000,000 Over \$50,000,000 Charles (000,000" (Name (000,000") 7

# SCHEDULE C - EARNED INCOME

Name: David A. Brut Page S of S

Ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list he source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.  **XCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  **NCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	mment) totaling \$200 or more during the roletow. Social Security Act. ed at or above the "senior staff" rate was \$ y relationship) are totally prohibited.	reporting period. For a spouse, list \$27,495. The 2017 limit is \$27,765.
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Atalon + Sonde	Spouse Salary	2/7
		,

#### **SCHEDULE D - LIABILITIES**

Name: David A. Brox	Page 6 of 8
reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	nount owed during the reporting
pperty including mortgages on their personal residence.  Exclude: Any mortgage on your personal residence (unless you seem) and liabilities of a business in which you can an interest (unless you are necessally liabilities of a business in which you can are interest (unless you are necessally liabilities and liabilities owned to	our personal residence (unless you

Report liabilities of over \$10,000 owed to any one creditor at any time during the report period. Members: Members are required to report all liabilities secured by real proper rent it out or are a Member); loans secured by automobiles, household furniture, or apprent it out or are a Member); rent it out of are a Member); loans secured by automobiles, nousehold furniture, or appliances; liabilities of a dusiness in which you own an interest (unless you are personally liability, and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

\*Column K is for liabilities held solely by your spouse or dependent child.

			DC s		-
		-	SP.		
7	5W	Example			
	Suntrust Mertanya	First Bank of Wilmington, DE	Creditor		
	2.003	5/98	Date Liability Incurred MO/YR	-	
	mittgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	»	
			\$15,001- \$50,000	В	
			\$50,001- \$100,000	C	
		×	\$100,001- \$250,000	U	
	×		\$250,001- \$500,000	пı	Amount of Liability
			\$500,001- \$1,000,000	77	of Li
			\$1,000,001- \$5,000,000	G 	bility
			\$5,000,001- \$25,000,000		
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	٠	
			Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

		•	Board Mindur	Position
	,	1	6RASY - Uncommontal	Name of Organization

### SCHEDULE I

	pckmt	Date	Identify the date continuation or	SCHEDU
	Romdolph - Marin Collys	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to the properties of any agreement or arrangement that you have with respect to the properties of continuing participation in	SCHEDULE F - AGREEMENTS
	Continuing postriporting in benefit flow	Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to the parties aleave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: David A, Brat Page 7 of 8

#### SCHEDULE G -- GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	i			Example: Mr. Jose	
				Mr. Joseph Smith, Arlington, VA	Source
				Silver Platter (determination of personal friendship received from the Ethics Committee)	Description
				\$400	Value

# **SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS**

Name:
me: David A. Brat
Page 8 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	<b>~</b>	Z
Habital for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	¥	~	<b>Y</b>
Heritage Foundation	Jan 27-29	Dc-Middleburg, VA-OC	γ	Υ	<b>\</b>
Heritage Action for America	Nov. 18-19	DC - SandonboTX - DC	Υ	· ·	ح
Heritage Foundation	Dec. 2-3	Dc · Charly Hogrilb, Wa-DC	~		γ
International Leader Summet Inc	Dec. 17-21	Dc - Jerusalem Ikrael-Dc	γ	r	ک